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CONFIRMATION NO. 7582

SERIAL NUMBER 10/075,423	FILING DATE 02/13/2002 RULE	CLASS 601	GROUP ART UNIT 3764	ATTORNEY DOCKET NO. 00471/268588
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APPLICANTS

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** CONTINUING DATA *****

This appln claims benefit of 60/268,463 02/13/2001

Q

** FOREIGN APPLICATIONS *****

*None**Q*IF REQUIRED, FOREIGN FILING LICENSE
GRANTED

** SMALL ENTITY **

** 03/12/2002

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>Q</i>	STATE OR COUNTRY NC	SHEETS DRAWING 4	TOTAL CLAIMS 28	INDEPENDENT CLAIMS 3
Examiner's Signature _____		Initials _____			

ADDRESS

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TITLE *Q*~~Therapeutic bag~~ THERMAL WRAP FOR BODY MEMBER

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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